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FACSIMILE COVER SHEET

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TOTAL NUMBER OF PAGES BEING SENT (INCLUDING COVER SHEET): 17

☐ Original documents to follow by mail☒ No originals will be sent

DATE: July 14, 2005

TO: Examiner Audrey Y. Chang
Group Art Unit 2872

FAX #: 1-703-872-9306

PHONE #:

Application No.: 10/779,963

OUR REF.: 3081.55US01

Applicant: Holler

Due Date: June 15, 2005

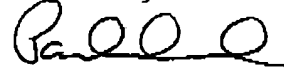
FROM: Paul C. Onderick

PHONE #: 612-349-5766

Attached please find the following document(s) for filing in the above-identified patent application:

1. Amendment in response to the Office Action dated March 15, 2005 (13 pgs)
2. Request for a one (1) month Extension of Time to Respond (1 pg)
3. Amendment Transmittal with authorization to charge Deposit Account

Respectfully submitted,



Paul C. Onderick

Reg. 45,354

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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to Examiner Audrey Y. Chang at the U.S. Patent and Trademark Office, Fax No. 1-703-872-9306 on the date shown below thereby constituting filing of same.

Date 7-14-2005
Paul C. Onderick

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Attorney Docket No. 3081.55US01

AMENDMENT TRANSMITTAL

In re the application of:

Holler

Confirmation No.: 9112

Application No.: 10/779,963

Examiner: Audrey Y. Chang

Filed: February 17, 2004

Group Art Unit: 2872

For: DISPLAY DEVICE WITH ELECTROOPTICAL FOCUSING

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith please find the following for the above-identified application.

- ☒ Amendment (13 pgs.)
☒ Petition for Extension of Period for Response.
☐ _____

The filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entry Rate	Add'l Fee	OR	Large Entry Rate	Add'l Fee
Total	30	- 20	= 10	x 25	\$		x 50	\$500.00
Indep.	3	- 3	= 0	x 100	\$		x 200	\$0
Mult. Dep.			=	+ 180	\$		+ 360	\$0
TOTAL					\$	OR	TOTAL	\$500.00

☐ First Presentation of Multiple Dependent Claim [MDC]

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Application No. 10/779,963

- ☐ Applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27.
- ☒ The Commissioner is hereby authorized to charge the amount of \$620.00 for payment of the presentation of extra claims and a one (1) month extension of time to respond, and any additional fees or credit any overpayment to Deposit Account No. 16-0631.

Respectfully submitted,



Paul C. Onderick
Registration No. 45,354

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 703-872-9306 on the date shown below thereby constituting filing of same.

July 14, 2005
Date of Deposit


Paul C. Onderick